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Remarks

Claims 25 and 29-33, inclusive, are under consideration.

Claims 1-24 and 26-28 are canceled without prejudice in order to expedite the further prosecution of this application.

Newly added claims 29-33, inclusive, depend on original claim 25 and are based on original dependent claims 23, 13, 14, 24 and 2, respectively. Accordingly, these claims are fully supported by the specification as filed.

The rejection of claims 1, 4, 5, 7 and 14 under 35 U.S.C. 102(b) has been rendered moot in view of the present claim amendments.

The rejection of claim 25 under 35 U.S.C. 102(b) as anticipated by U.S. Patent No. 6,395,007 to Bhatnagar et al. is not warranted, and is hereby traversed.

Bhatnagar et al. do not show or suggest an adjustable dilator assembly as claimed, rather a device for injecting a material into a lesion of a bony structure. Housing 56 does not show an internally threaded axial through passageway that threadably receives a probe carriage having a probe mounted thereto as defined by claim 25. As can be readily seen in FIG. 9A and 9B of the cited reference, the threads in housing 56 receive a Luer connector. See, for example, col. 7, lines 56-57.

Also, cannula 6 is not a probe. See, for example, FIG. 2 and col. 5, lines 40-49.

Likewise, impact extension member 72a shown in FIG. 9I is not a probe carriage. See, for example, col. 8, lines 38-44. The removable impact extension member 72a does not even carry cannula 6 as can be readily seen in FIG. 9I.

The anticipation rejection clearly is unwarranted, and should be withdrawn.

Newly presented claims 29-33 are all dependent on claim 25 and are distinguishable over Bhatnagar et al. for the same reasons as those advanced hereinabove. Neither are these particular claims suggested by the combined teachings of Bhatnagar et al. and Frassica. The latter reference merely shows a catheter that must be rotated to advance. The helical external threads shown engage tissue, not an internally threaded housing. See, for example, col. 15, lines 16-21.

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The features shown by Frassica are not combinable with the Bhatnagar et al. device in any event. The fields of endeavor are clearly different – osteoplasty vs. catheterization of genitourinary and gastrointestinal passages. Also, tip 4 of cannula 6 shown by Bhatnagar et al. is intended to penetrate bone (col. 5, lines 38-40), thus one of ordinary skill would not have substituted the rounded tapered tip 134 of Frassica therefor, or selected a pliable material of construction.

The rejection of claims 2, 8, 9 and 13 under 35 U.S.C. 103(a) has been rendered moot by the present amendments.

In view of the cancellation of claims 1-24 and 26-28, no additional claim fee is required for newly added claims 29-33.

The present amendments to the claims and the accompanying discussion are believed to dispose of all issues in this case and to place this application in condition for allowance. Early passing of this application to issue is solicited.

Respectfully submitted,


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CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this AMENDMENT AND RESPONSE UNDER RULE 111 is being transmitted by facsimile transmission to Fax No. 571-273-8300 on February 23, 2007.


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